## MATTINGLY, STANGER & MALUR, P.C.

JOHN R. MATTINGLY. DANIEL J. STANGER SHRINATH MALUR\*

GENE W. STOCKMAN Of Counsel JEFFREY M. KETCHUM Registered Patent Agent

Bar Membership Other Than Virginia

**ATTORNEYS AT LAW** 1800 DIAGONAL ROAD, SUITE 370 ALEXANDRIA, VIRGINIA 22314

PATENT, TRADEMARK AND COPYRIGHT LAW

FACSIMILE: (703) 684-1157



(703) 684-1120

Date: February 5, 2004

Attorney Docket No. NIT-409

CUSTOMER NO. 24956

To: Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir: Transmitted herewith for filing is the patent application of:

Inventor: Y. WATANABE et al (see attached)

For:

STORAGE SYSTEM, AND CONTROL METHOD, JOB SCHEDULING PROCESSING METHOD, AND FAILURE HANDLING METHOD THEREFOR, AND PROGRAM

| Enclosed a | are:   | FOR EACH         | METHOD          |                 |          |                          |           |                                 |
|------------|--|------------------|-----------------|-----------------|----------|--------------------------|-----------|---------------------------------|
| X          | 17 Sheets o  | of Drawings      |                 |                 |          |                          |           |                                 |
|            | This application is I  | being filed with | out an executed | Declaration.    |          |                          |           |                                 |
| X          | Priority is claimed filed November   |                  |                 |                 |          | 390239<br>opy is attache |           | which is hereby incorporated by |
| X          | Copies of the disclosure documents listed on the attached PTO 1449 form and reference) |                  |                 |                 |          |                          |           |                                 |
|            | Small entity status  | under 37 CFR     | 1.9 and 1.27 is | hereby claimed. |          |                          |           |                                 |
| X          | Specification: Abs   | stract X         | , Description   | <u>52</u> pa    | ges; and | 9 c                      | laim(s).  |                                 |
|            | Preliminary Amend  | ment.            |                 |                 |          |                          |           | ·                               |
| X          | Executed Declaration   | on.              |                 |                 |          |                          |           | ,                               |
| The filing | fee is calculated as s   | shown below:     | Sma             | all Entity      |          | Larç                     | ge Entity | •                               |
| For:       | No. Filed  | No. Extra        | Rate            | Fee             | OR       | Rate                     | Fee       |                                 |
| Basic Fee  | ,  |                  |                 | \$ 375          |          |                          | \$ 77     | 0                               |
| Total Cla  | ims 9 -20 =  | · o              | x 9             | \$              |          | x 18                     | \$ (      | o                               |

| For:                           | No. Filed | No. Extra |   |  |  |  |
|--------------------------------|-----------|-----------|---|--|--|--|
| Basic Fee                      |           |           |   |  |  |  |
| Total Claims                   | 9 -20=    | ٠         | 0 |  |  |  |
| Indep Claims                   | 2 - 3 =   | *         | 0 |  |  |  |
| ☐ Multiple Dependent Claim (s) |           |           |   |  |  |  |

If difference is less than zero then enter '0' in second column

| Rate  | Fee    |  |  |
|-------|--------|--|--|
|       | \$ 375 |  |  |
| x 9   | \$     |  |  |
| x 42  | \$     |  |  |
| + 140 | \$     |  |  |
| Total | \$     |  |  |

x 84 0 + 280

770

Total

| X | A check or credit card payment form in the amount of \$ 770.00  | is enclosed for the filing fee. |
|---|---|---------------------------------|
| X | The Commissioner is hereby authorized to charge any additional fees that may Deposit Account No. 50-1417. | be required to                  |

Deposit Account No. 50-1417.

Respectfully Submitted,

ለ R. Mattingly

Registration No. 30,293